MICHIGAN HEALTH INFORMATION TECHNOLOGY COMMISSION

March 21, 2013

The Michigan Health IT Commission is an advisory Commission to the Michigan Department of Community Health and is subject to the Michigan open meetings act, 1976 PA 267, MCL 15.261 to 15.275

Agenda

A. Welcome & Introductions

B. Review & Approval of 2/21/2013 Meeting Minutes

C. Dashboard Update

D. Follow Up on Cyber Security

E. 2012 Annual Report

F. Michigan Health Connect

G. Ingenium

H. Great Lakes Health Information Exchagne

I. Public Comment

J. Adjourn

Dashboard Update
Meghan Vanderstelt ,MDCH
March 2013 Update

2013 Goals

Governance
Development and Execution of Relevant Agreements

- New QO's (1-BCBSM Signed!), 9 total
- New VQOs (CareBridge, PCE, MHIN Underway),
- New Use Case Agreements developed (4), executed (1):
  - ADT, HPD, DIRECT, MTM
- Interstate Data Sharing Agreements underway:
  - IN (completed), FL (completed), NC, MN, TN, CA, CO

Technology and Implementation Road Map Goals

- Cyber-security presentation going to Governor's taskforce
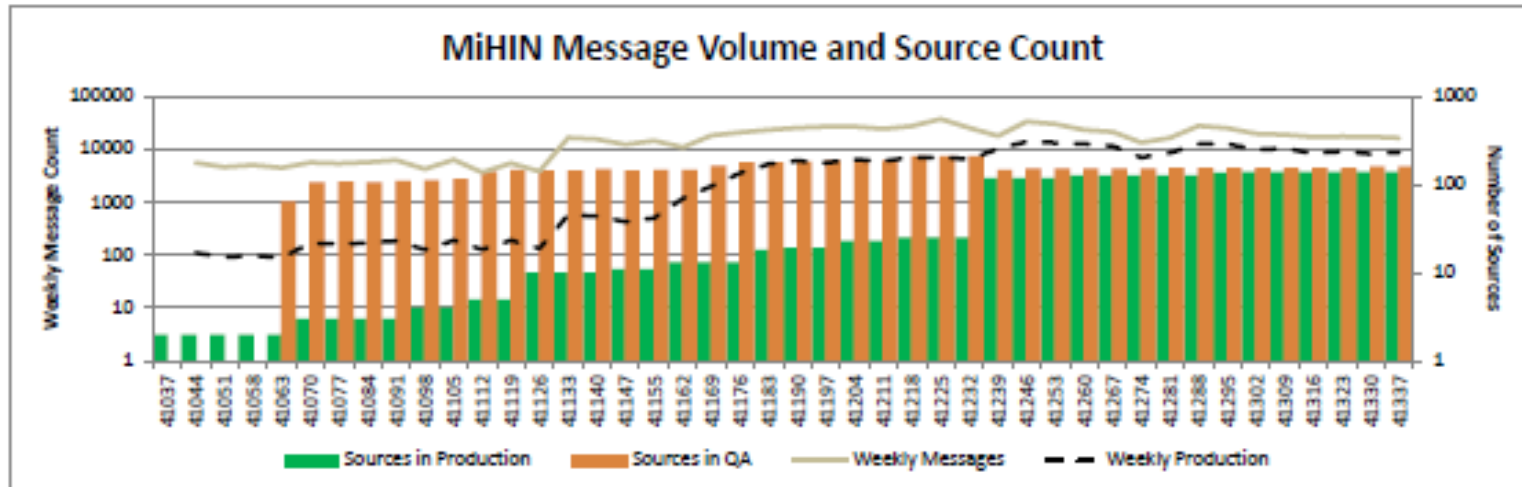- Other technology project status-All green

QO &VQO Data Sharing

- ADT - Beaumont feed to BCBSM testing continues, JCMR will begin next month, MHC & Ingenium production began
- CCD Gateway pilot started with UPHIE
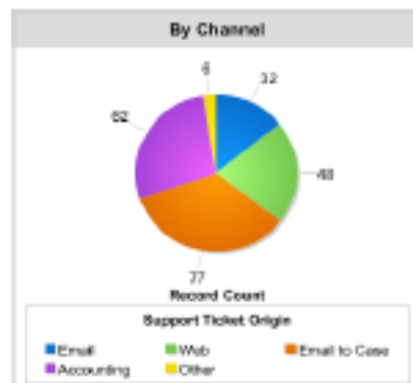
MiHIN Shared Services Utilization

- ADT and Immunizations volumes trending positive
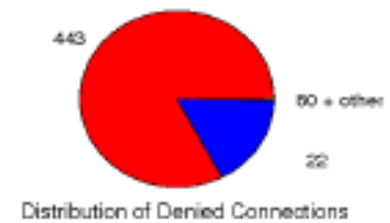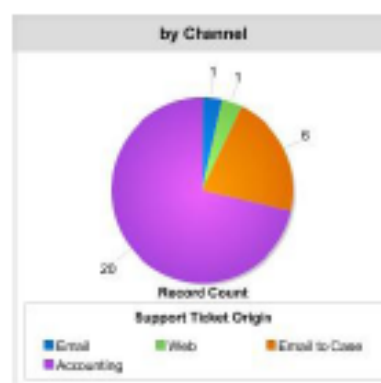- Apellon pilot with GLHIE & Sparrow started

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MIHIN Monday Metrics (M3) Report

MiHIN Message Volume and Source Count

Legend: Sources in Production | Sources in QA | Weekly Messages | Weekly Production

Opened Tickets YTD

By Channel

Record Count
Support Ticket Origin
- Email
- Web
- Email to Case
- Accounting
- Other

Opened Tickets MTD

by Channel

Record Count
Support Ticket Origin
- Email
- Web
- Email to Case
- Accounting

Distribution of Accepted Connections

443
50 + other
22

Distribution of Denied Connections

25
33437
445
135
40534
3306
3389
23
1433
87

3/12/2013

3/21/2013

MIHIN Monday Metrics (M3) Report

MiHIN production metrics for 3/11/13	this week	last week
production messages since May 8, 2012	712490	696065
immunizations into MCIR production	191723	184695
immunizations stopped at DQA	489393	481780
reportable labs	0	0
ADT-syndromics	0	0
ADT-other	31374	29590
new messages since Sunday, Mar 3	16425	16153
immunizations into MCIR production	7028	6976
immunizations stopped at DQA	7613	7531
reportable labs	0	0
ADT-syndromics	0	0
ADT-other	1784	1646
new sources this week	1	0
immunizations into MCIR production	0	0
reportable labs	0	0
ADT-syndromics	0	0
ADT-other	0	0

MiHIN on-boarding summary:

	This Week	Last Week
sources in full Production*	149	138
sources sending live HL7 data to MCIR	231	187
sources in Test/Quality Assurance	153	158
Qualified Orgs - signed QDSOA	9	8
Qualified Orgs - in MiHIN Production	3	3
Qualified Orgs - in MiHIN Testing	3	3
Qualified Orgs - pending QDSOA	2	3
virtual Qualified Orgs -signed VQDSOA	3	3
virtual Qualified Orgs - pending VDQDSOA	2	2

Production issues:

MiHIN weekly help desk summary:

known issues	0
Production errors	0
Qualified Organization support	12
on-boarding and testing related	0
other	3
total	15

MiHIN security metrics:

	this week	last week
number of accepted incoming connections	24187	23214
number of denied incoming connection attempts	85427	7034
number of ICMP* attempts denied	202	187
most frequently attacked port	25	33437**

* ICMP - e.g. Ping or Traceroute types of tests to access via unprotected ports
** Attacks on port 33437 are likely attempts at seeking compromised systems

Use Case Status:

Use Case	Next Action	Status
immunization reporting (VXU)	5/8/2012	in production via MiHIN
UCA status: GLHIE-FE, Ingenium-PR, JCMR-PR, MHC-FE, SEMHIE-NS, UPHIE-FE,SEMBC-PR		
reportable labs (ELR)	5/8/2012	in production via MiHIN
UCA status: GLHIE-FE, Ingenium-NS, JCMR-NS, MHC-FE, SEMHIE-NS, UPHIE-FE,SEMBC-PR		
immunization query	4/23/2013	requirements review
UCA status: use case in requirements review		
ADT-syndromics	3/25/2013	build in progress
UCA status: use case agreement approved by MOAC UC WG		
state lab results	3/25/2013	requirements (review new scope)
UCA status: use case in requirements gathering		
ADT-other	11/14/2012	in production via MiHIN
UCA status: CB-FE, MHC-FE, JCMR-PR		

NS=not signed, PR=pending review, PE=Partially executed, FE=fully executed

*NOTE: Production is defined as a provider source using MiHIN to send messages through Qualified Organization to a Production Public Health System

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MDCH Data Hub

March 2013 Focus

Production
Updates

- MSSS - Receive Syndromic Data (implement April 2013) – Staff are finalizing the Implementation Guide that will be distributed to SSHIE/QO's and providers. A new Syndromic Message Validator is also being implemented for providers to test the new message prior to entering production.

Technology
Implementation

- MPI Real Time Integration – MPI/MCIR – Currently in Agile Development to determine system communication interactions between MCIR, Rhapsody Integration Engine, and the Initiate Master Person Index. First use case being worked is 'Person Search'. Use cases to spin off 'search' are anticipated to be 'person add' and 'person update'.

Technology
Infrastructure Development

- The following systems are needed to support Record Locator Service, and Query/Response functionality
- XDS Repository – Research/Information gathering phase
- Logging Service – Research/Information gathering phase

Meaningful Use
Specialized Registry Development

- Chronic Disease Registry – Initial planning meeting is scheduled with the MDCH project sponsors to establish the scope and objectives of this new registry.

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Current Participation Year (PY) Goals-March Update

	Reporting Status	Prior Number of Incentives Paid	Current Number of Incentives Paid	Current PY Goal Number of Incentive Payments	Current PY Medicaid Incentive Funding Expended
Eligible Provider (EPs)	AIU	673	775	1,289	$16,164,181
	MU	112	219	586	$1,861,500
Eligible Hospital (EHs)	AIU			20	
	MU			43	

Cumulative Incentives for EHR Incentive Program 2011 to Present		
	Total Number of EPs & EHs Paid	Total Federal Medicaid Incentive Funding Expended
AIU	2,261	$129,208,907
MU	364	$30,012,014

Key: AIU= Adopt, Implement or Upgrade   MU= Meaningful Use

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2013 Goals-March Update

M-CEITA MICHIGAN CENTER FOR EFFECTIVE IT ADOPTION	Number of MI Providers	Average Number of Providers (Across RECs Nationwide)	% to Michigan Goal	Average % to Goal (across RECs Nationwide)
Milestone 1 Recruitment: Number of Eligible Providers enrolled into the M-CEITA program	3,724 (+)	2,148(+)	100% (+)	100 % (+)
Milestone 2 EHR Go-Live: Number of Providers that have gone live with an EHR within their organization	3,187	1,744	86%	81%
Milestone 3 Meaningful Use Attestation: Number of Providers that have attested for Meaningful Use	1,630	787	44%	37%

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2013 Goals-March Update

Clinical Transformation (CT) :

Plan, implement, evaluate EHR/HIT/HIE-enabled clinical interventions across health care delivery sites with an emphasis on care coordination.

- Activities include: 46 practice sites (36 min required), 121 PCPs, 16,291 diabetic patients (4000 min required), 178,353 total patients affiliated with Beacon practices for CT intervention engaged to date.
- Continue Patient Health Navigator (PHN) penetration: Current numbers: 3,322+ (2400 min required) patients referred, 1416 engaged. 2013 Goal: 4500+ referred and 1900+ engaged.
- Emergency Department Initiative: 18,029 patients screened to date; goal through 9/13 = 22,775. Goal for Q1 2013: 1350 patients/month
- Continue to expand HIT/HIE-enabled CT beyond diabetic patient population and beyond current Beacon practices through BeaconLink2Health

Information/Technology Exchange:

Plan, implement, evaluate HIE deployment with an emphasis on care coordination toward quality improvement, better population health at lower cost.

- HIE OnBoarding: Build critical mass within BeaconLink2Health (BL2H) as defined.
- Piloting EHR/HIE Integration with 23 practice sites/71 physicians which includes all FQHCs in Wayne County.
- Q1/Q2: Begin leveraging community-level XDS.b clinical data repository for population health management.
- Drive community toward the ONC 60% Meaningful Use goal.
- MiHIN pilots: Quarter One –MCIR, Quarters Two-Four –MCIR pilots in discussion (ADT/Reportable labs.)
- Privacy and Security: Ongoing OCR HIPAA Compliance/Risk Assessment Readiness, including staff training.

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2013 Goals-March Update

Evaluation & Measurement :

Provide quarterly qualitative and quantitative data reporting to ONC for evaluation and measurement, and for PDSA cycles across interventions.

- Work with Beacon central to begin leveraging BL2H for data pulls (Pull data out of HIE for Pilot Practices.) Comparison of proportions between practice reported and HIE reported data (as HIE data are made available)
- Continue ongoing ONC reporting activities including: reporting health system, payer and provider submitted data quarterly, analyzing provider and patient surveys, developing supplemental provider qualitative evaluation tools.
- Achieve 5% improvement for high impact clinical measures compared to baselines (see attached.)

Communications & Outreach:

Brand Beacon through regular communications with key stakeholders.

- Participate in dissemination activities with ONC and other Beacon Communities.
- Development of targeted value propositions. Continue to define and build the SEMBC brand.
- Publish Quarterly Beacon Spotlight Newsletters.
- Support the launch of BeaconLink2Health.
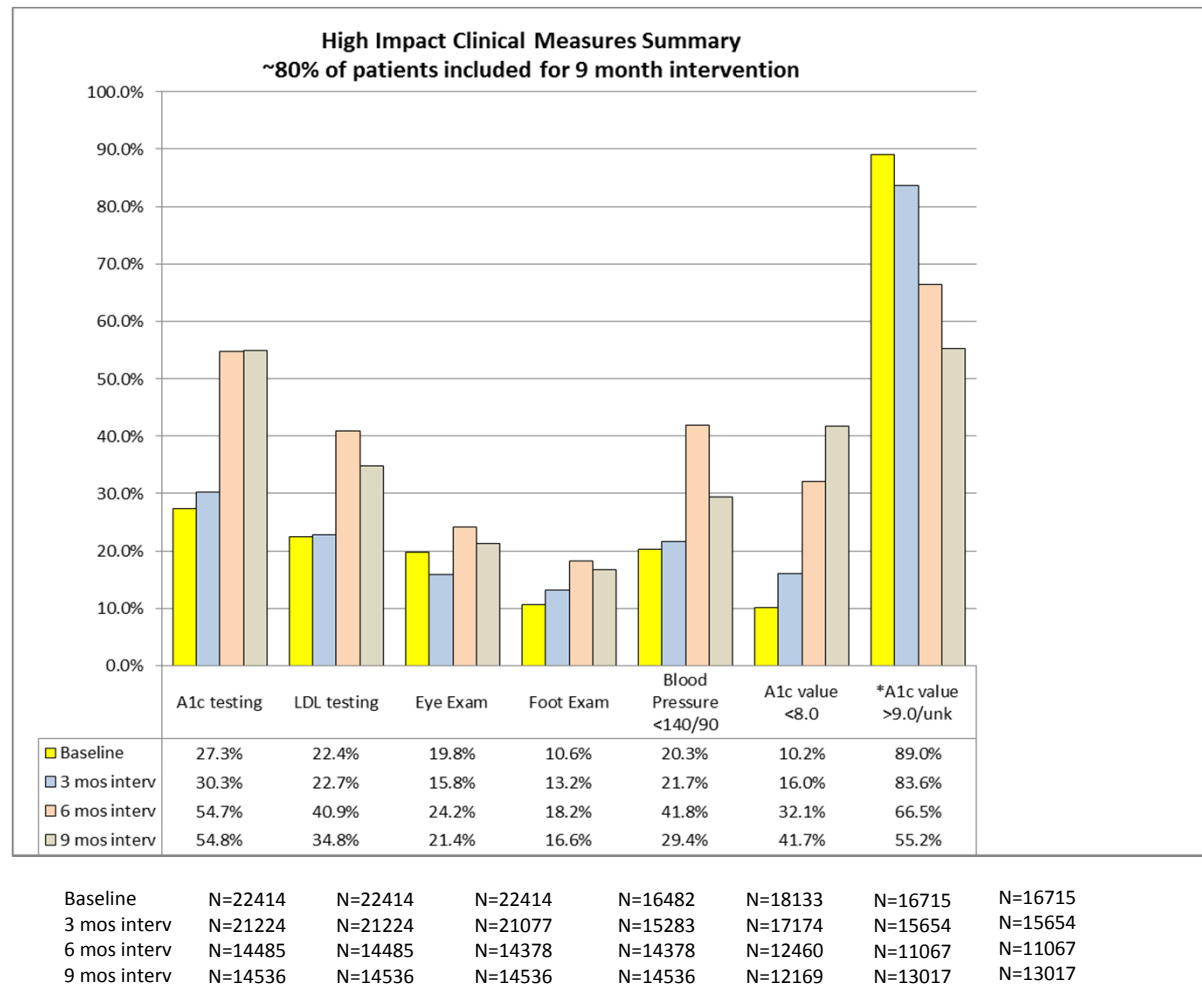
Scalability, Sustainability & Research:

Develop financial sustainability model including plan for scalability. Pursue funding opportunities as appropriate.

- Implement scalability plan and sustainability strategies.
- Plan for future payment reform opportunities.
- Continue to identify and pursue funding opportunities.

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Southeast Michigan Beacon Community Dashboard
Quarterly High Impact Clinical Measures

High Impact Clinical Measures Summary
~80% of patients included for 9 month intervention

	A1c testing	LDL testing	Eye Exam	Foot Exam	Blood Pressure <140/90	A1c value <8.0	*A1c value >9.0/unk
☐ Baseline	27.3%	22.4%	19.8%	10.6%	20.3%	10.2%	89.0%
☐ 3 mos interv	30.3%	22.7%	15.8%	13.2%	21.7%	16.0%	83.6%
☐ 6 mos interv	54.7%	40.9%	24.2%	18.2%	41.8%	32.1%	66.5%
☐ 9 mos interv	54.8%	34.8%	21.4%	16.6%	29.4%	41.7%	55.2%

Baseline	N=22414	N=22414	N=22414	N=16482	N=18133	N=16715	N=16715
3 mos interv	N=21224	N=21224	N=21077	N=15283	N=17174	N=15654	N=15654
6 mos interv	N=14485	N=14485	N=14378	N=14378	N=12460	N=11067	N=11067
9 mos interv	N=14536	N=14536	N=14536	N=14536	N=12169	N=13017	N=13017

*Proportions reflect care documented in physician practice EHR/Registries. Per HEDIS specifications, patients not meeting numerator criteria and patients missing clinical values are categorized as non-compliant for the measure.

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State Health Information Exchange Program
The Office of the National Coordinator for Health Information Technology

State HIE Program Measures Dashboard

State HIE Implementation Status:

View the implementation status of directed exchange and query-based exchange in each state

Directed Exchange Adoption:

View the number of organizations and clinical/administrative staff enabled for directed exchange in each state

Active Directed Exchange by Organization Type:

View the types of organizations actively participating in directed exchange in each state

Directed Exchange Transactions:

View the total number of directed exchange transactions by organization type in each state

Query-Based Exchange Adoption:

View the number of organizations and clinical/administrative staff enabled for query-based exchange in each state

Active Query-Based Exchange by Organization Type:

View the types of organizations actively participating in query-based exchange in each state

Query-Based Exchange Transactions:

View the total number of patient record queries by organization type in each state

http://statehieresources.org/program-measures-dashboard/

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State Health Information Exchange Program
The Office of the National Coordinator for Health Information Technology

Figure 1. Combined Exchange Implementation Status (Q4 2012)

The figure below shows the combined availability of exchange mechanisms in each state during the quarterly reporting period. To view these statuses, and other important information—such as plan model, funding award amount, grantee recognition program milestones, and bright spots highlights—click each state and a pop-up will appear.

	Directed exchange and query-based exchange are both available (broadly, via pilot, and/or in regions)
	Only directed exchange is available (broadly, via pilot, or in regions)
	Only query-based exchange is available (through one or multiple services/entities or in regions)
	Neither directed exchange nor query-based exchange is currently available

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http://statehieresources.org/program-measures-dashboard/hie-implementation-status/

State Health Information Exchange Program

The Office of the National Coordinator for Health Information Technology

Figure 2. Directed Exchange Implementation Status (Q4 2012)

The figure below shows each state's directed exchange implementation status, directed exchange implementation approach, and vendor(s) associated with State HIE grantee-funded or supported/enabled mechanisms during the quarterly reporting period. To access this information, click each state and a pop-up will appear.
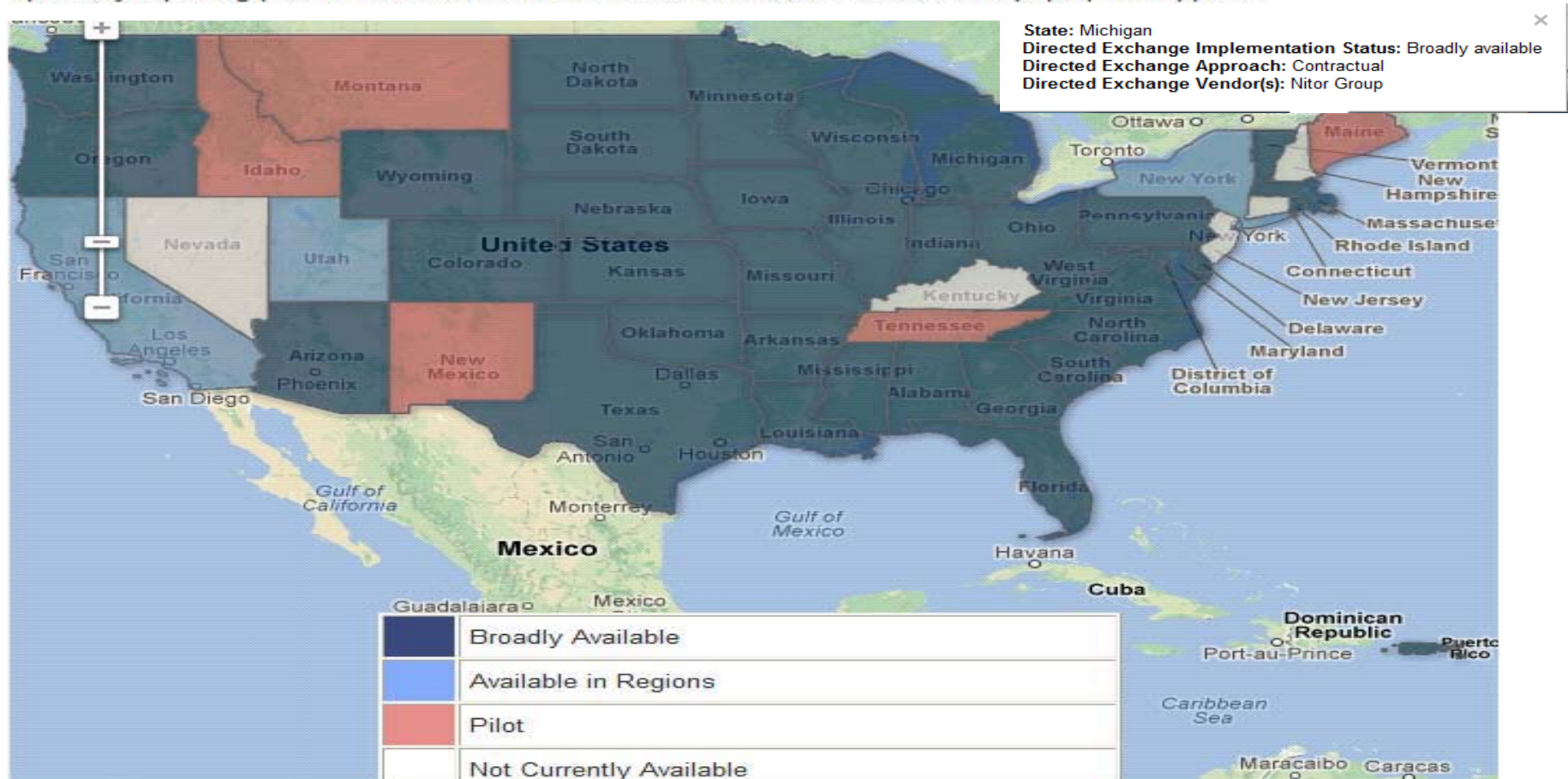
State: Michigan
Directed Exchange Implementation Status: Broadly available
Directed Exchange Approach: Contractual
Directed Exchange Vendor(s): Nitor Group

Legend:
- Broadly Available
- Available in Regions
- Pilot
- Not Currently Available

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http://statehieresources.org/program-measures-dashboard/hie-implementation-status/

State HIE Implementation Status

Implementation Status Summary Statistics (n=56)

Directed Exchange Implementation Status	Q2 2012	Q3 2012	Q4 2012
States/territories with directed exchange broadly available	31	36	39
States/territories with directed exchange available in regions but not statewide	0	1	4
States/territories piloting directed exchange solutions	9	6	5
States/territories with directed exchange currently unavailable	16	13	8
Query-Based Exchange Implementation Status	Q2 2012	Q3 2012	Q4 2012
Operational query-based exchange broadly available statewide through a single service/entity	13	14	16
Operational query-based exchange broadly available statewide through multiple services/entities	6	6	9
Operational query-based exchange available in regions but not statewide	9	12	11
No operational query-based exchange options currently available	28	24	20

3/21/2013

Follow Up on Cyber Security
Chair

Recommendation Summary

Section	7 Essential Priorities	
5.3.1	Conduct a risk assessment every (3) years	▶
5.1.1	Establish a minimum set of safeguards	▶
⭐ 6.2.1	Establish framework for identity management	▶
5.1.2	Develop and conduct an auditing program	▶
⭐ 6.2.2	Develop an identity management infrastructure	▶
⭐ 3.2.1	Reduce financial burden with privacy and security compliance	▶
⭐ 6.1.1	Endorse the National Institute of Standards and Technology (NIST) definitions of assurance levels	▶

Essential

High

Medium

Low

⭐ These items are recommended for the HITC to act upon

MiHIN
Shared Services

Recommendation Summary

Section	11 High Priorities	
3.1.1 5.2.5	Implement information security educational programs	▶ ▶
⭐ 6.1.2	Develop Level of Assurance (LOA) 3 roadmap	▶
⭐ 7.1.1	Establish workgroup on security/privacy legislative issues	▶
⭐ 7.1.2	Establish workgroup on establishing a Michigan Identity Trust Federation	▶
6.3.2	Build an Identity Trust Federation	▶
⭐ 6.3.3	Monitor Federal Trust Identity Federation efforts	▶
⭐ 7.1.3	Fund HIE Identity Federation framework pilot	▶
4.1.1	Create a liability risk assessment program	▶
5.3.2	Provide online security risk assessment tool/audit service	▶
⭐ 6.3.1	Endorse an Identity Trust Federation approach	▶

Essential

High

Medium

Low

⭐ These items are recommended for the HITC to act upon

MiHIN Shared Services

Proposed Next Steps

- HIT Commission determine <u>essential</u> and <u>high</u> priority recommendations to advance to the Director of MDCH

  - Suggest a "response requested by" date

- Receive response from the Director of MDCH

- Review and act upon Director of MDCH response at next HIT Commission meeting

MiHIN
Shared Services

2012 Annual Report
Chair

Michigan Health Connect
Doug Dietzman
Executive Director

HIT Commission Update

March 21st, 2013

What is HIE?

- HIE is a personal story for each of us

- Solve tangible problems – *Eliminate the binder*

Update Agenda

- Who is participating?

- What is MHC actually doing for providers and their patients in Michigan?

- Where is MHC headed?
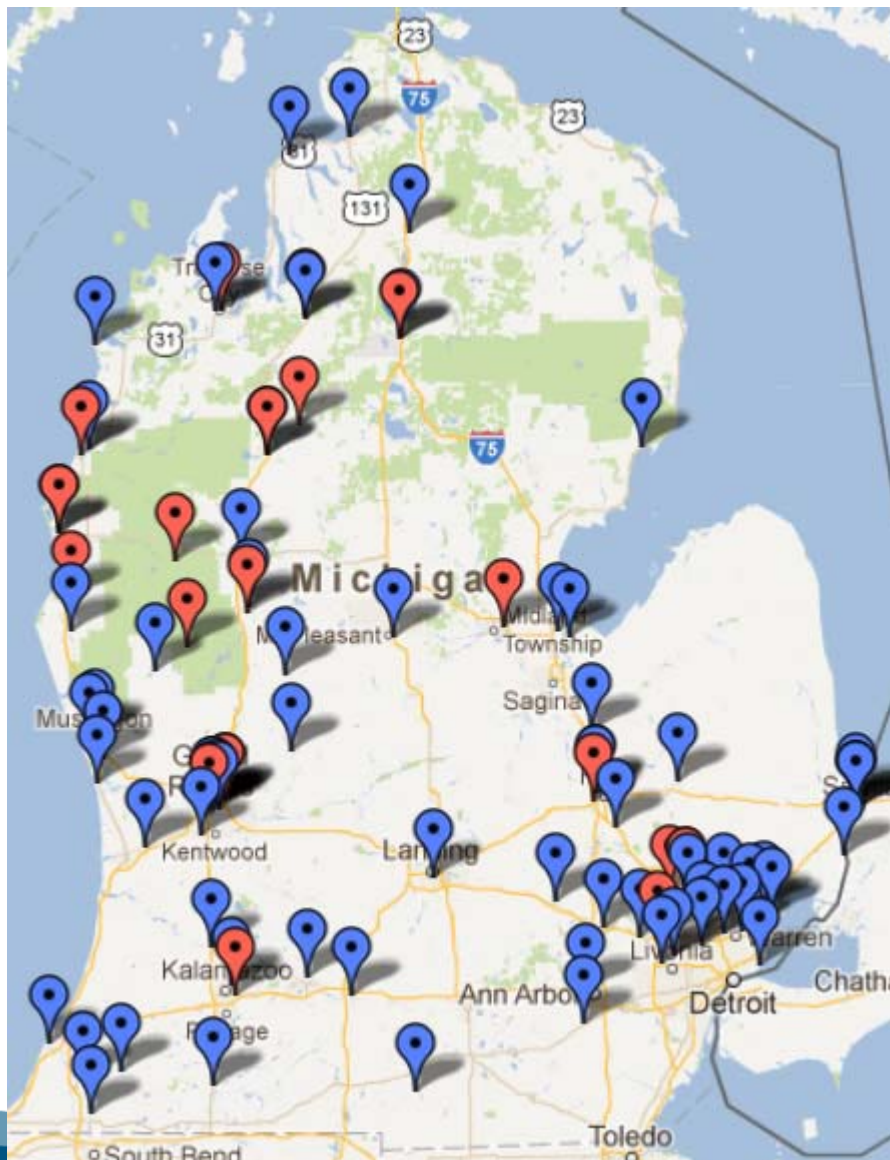
Who is Participating with MHC?

- 65 total hospital facilities
  - 13,900 licensed beds
  - 1.82 million annual ED visits
  - Over 15,200 combined active medical staff

- 1,575+ provider locations across the state

- 13 other member orgs including:
  - Provider organizations
  - Health plans
  - Home health/DME
  - Community mental health
  - Local public health
  - Employers
  - Diagnostic centers

MICHIGAN HEALTH CONNECT

Provider Organizations (~3,000 providers)

- Ensure Care
- McLaren PHO
- Northern Physicians Organization
- Oakland Physician Network Services
- Olympia Medical Services
- Physicians Organization of W. Michigan
- Unaffiliated Independent Physician Providers

Community/Employer Organizations

- Dow Chemical Clinics
- District Health Region 10
- Greater Flint Healthcare Coalition
- Network 180

Home Health Organizations

- Life Care Supplies

Health Plans

- Priority Health
- Kent Health Plan

Hospital Organizations (65 hospital facilities)

- Ascension Health
- Beaumont Hospitals
- Botsford Hospital
- Charlevoix Hospital
- Hillsdale Community Health Center
- Hurley Medical Center
- Lakeland Health System
- McLaren Health Care
- Mecosta County Medical Center
- Memorial Medical Center of West Michigan
- Metro Health
- Munson Healthcare
- North Ottawa Hospital
- Oaklawn Hospital
- Oakland Regional Hospital
- Port Huron Hospital
- Spectrum Health
- Three Rivers Health
- Trinity Health

Diagnostic Facilities

- Regional Medical Imaging

Key Characteristics

- MHC is privately funded and sustainable

- MHC does not currently charge independent community providers for its services (results, ordering, referrals, immunizations, ADT, Direct, VIPR access)
  - *Note: their EMR vendors may charge for interfaces or other services*

- MHC team currently consists of 14 staff
  - Local Community HIE Specialists live in Northern & SE Michigan

- MHC expects to complement and collaborate with, not duplicate, existing community services and solutions

- MHC is focused on solving tangible problems and removing friction in the healthcare system

What is MHC Actually Doing?

<u>Live Solution Summary ("the tracks")</u>

- Results Delivery
- Lab Orders
- Radiology Orders
- Referrals (Physical Health)
- Referrals (Behavioral Health)
- Virtual Integrated Patient Record (VIPR)
- State Immunization Registry *(to State via MIHIN)*
- Reportable Lab Registry *(to State via MIHIN)*
- Direct HISP *(*@mhc.medicity.net)*
- Admission & Discharge Notifications *(MHC direct or via MIHIN)*

MICHIGAN HEALTH CONNECT

Members

Quarter	Other	Hospitals
1st Quarter 2013	13	65
4th Quarter 2012	8	57
3rd Quarter 2012	7	55
2nd Quarter 2012	5	54
1st Quarter 2012	5	52
4th Quarter 2011	2	49
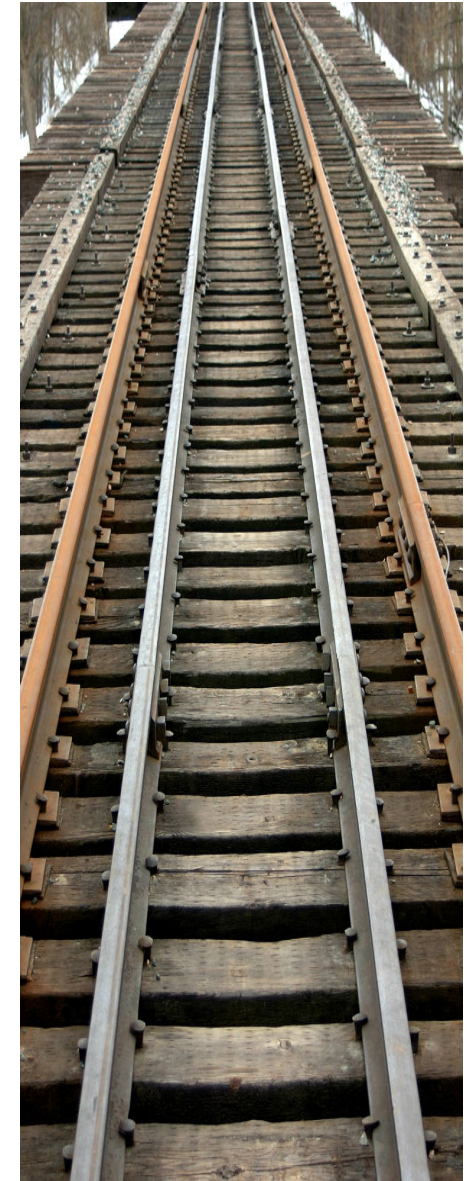
Legend:
- Other
- Hospitals
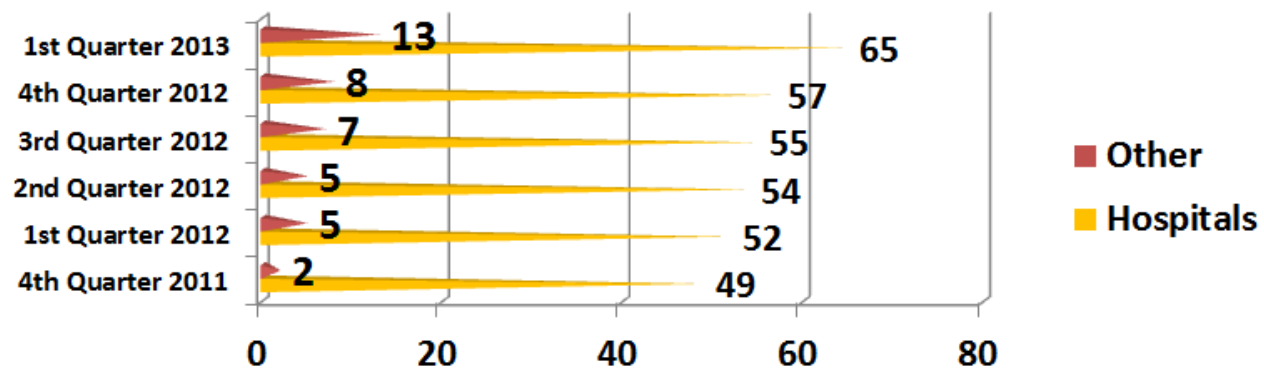
Provider Offices

Locations Deployed

Quarter	Locations Deployed
	1575
4th Quarter 2012	1551
	1245
2nd Quarter 2012	1071
	933
4th Quarter 2011	847
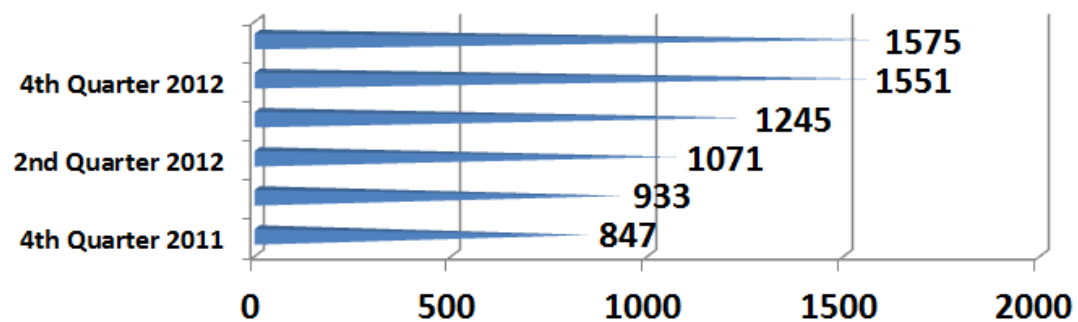
Results Delivered to Providers

2011 Total Results Delivered: 8,813,033

2012 Total Results Delivered: 10,150,281

2013 Total Results Delivered to Date: 2,301,136
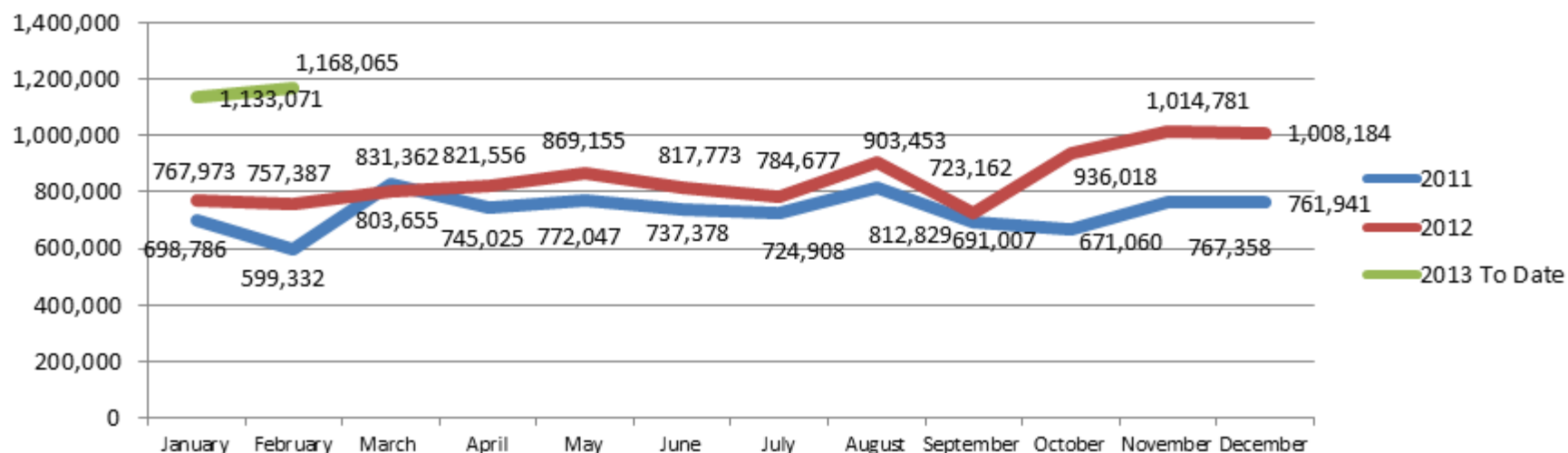
EMR Interfaces

Total Number of Live Discrete Data Interfaces: 245
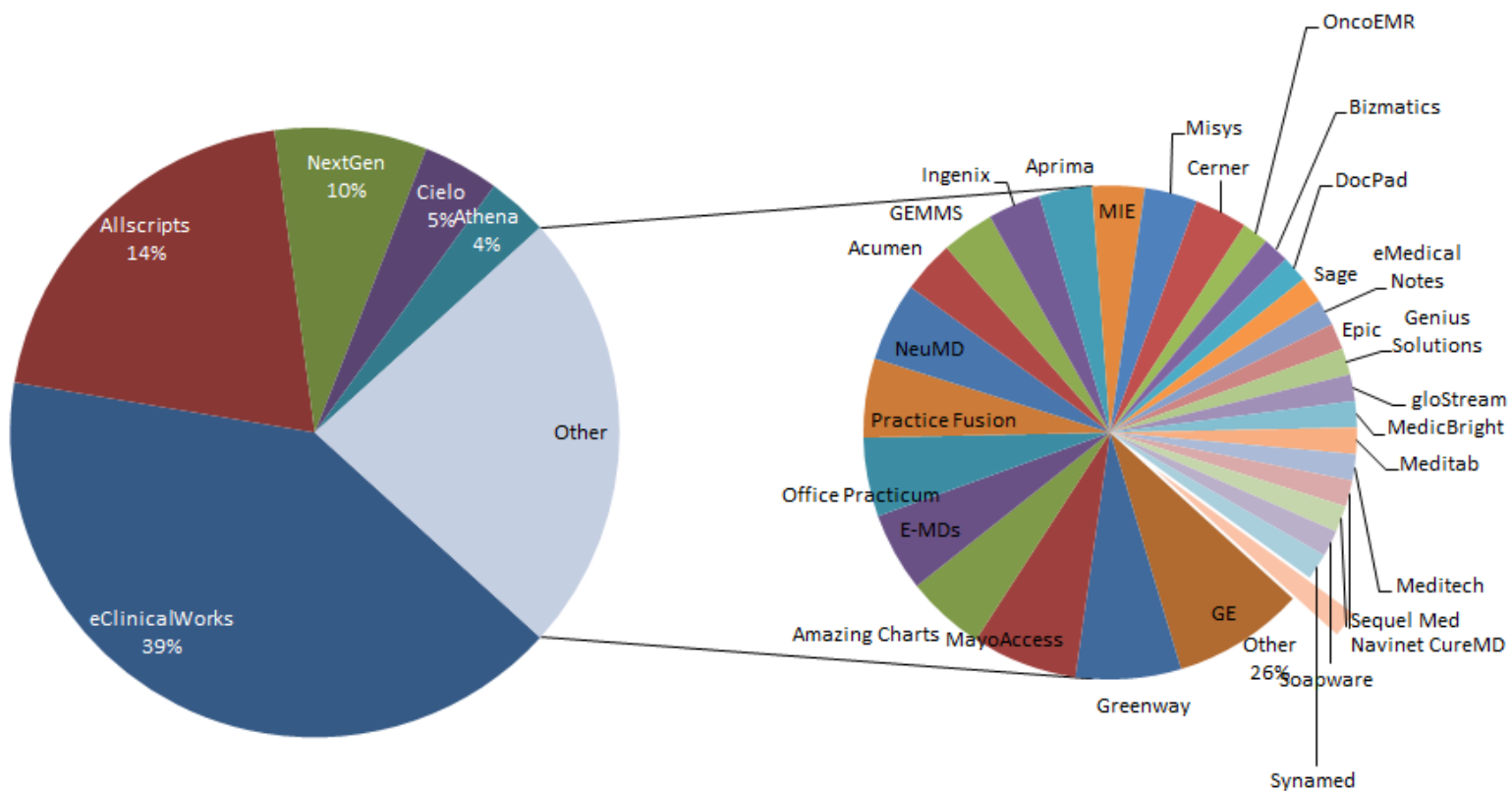
VIPR Patient Count

Total Patients to Date: 1,429,769

New Patients

Month	New Patients
February	76353
	92011
December	86413
	98760
October	114477
	124310
August	148670
	159809
June	250671
	107231
April	138718
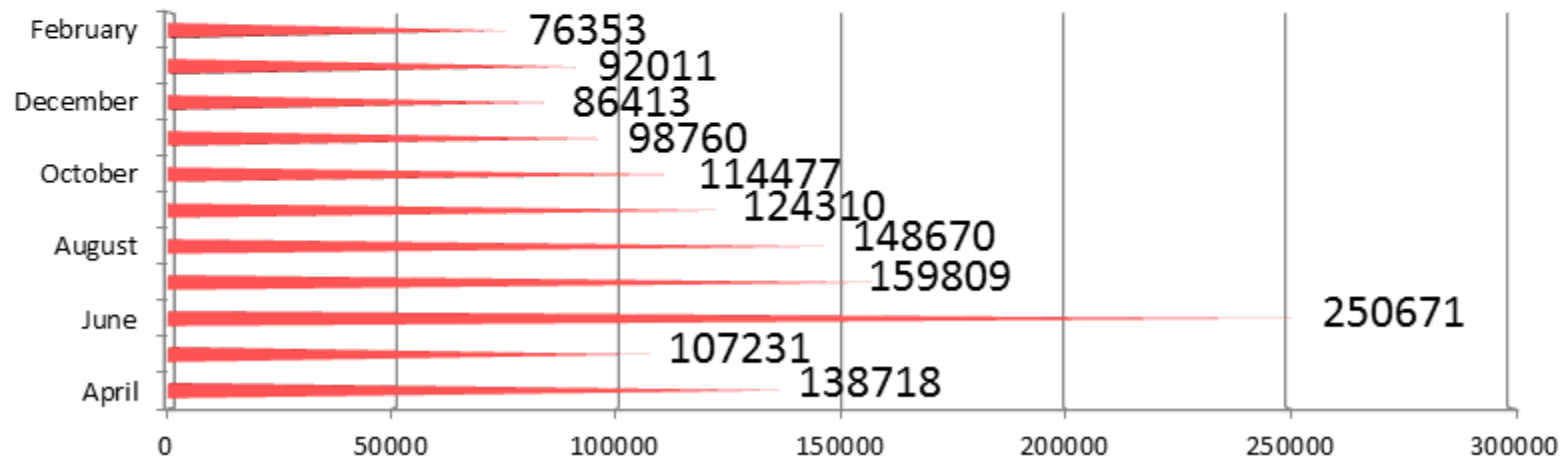
Lab Orders

2011 Total Orders: 161,954
2012 Total Orders: 64,789
2013 Total Orders to Date: 12,251

Chart — Lab Orders by month:
March 5994, April 5774, May 5363, June 4975, August 5189, September 5352, October 6823, November 5305, December 5302, January 6426, February 5825
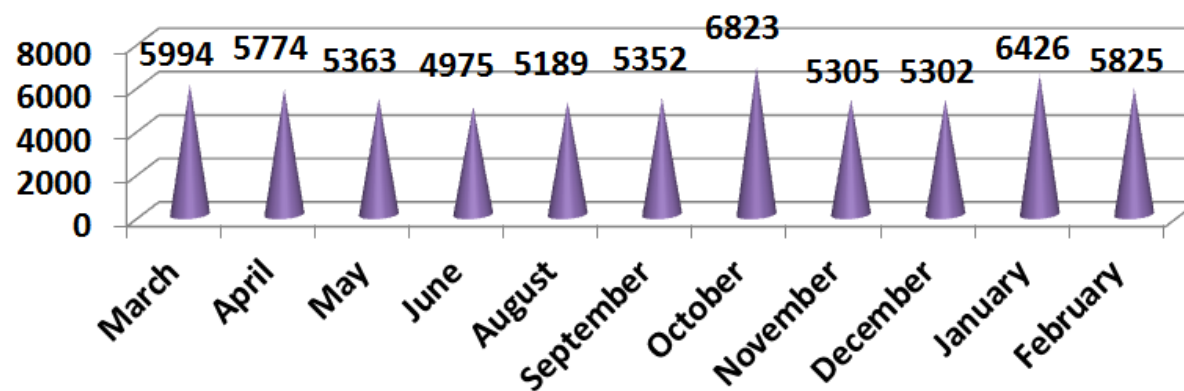
Radiology Orders

2011 Total Orders: 9,391
2012 Total Orders: 12,678
2013 Total Orders to Date: 2,868

Chart — Radiology Orders by month:
March 901, April 826, May 1030, June 1077, July 1008, August 1111, September 923, October 1303, November 1359, December 1379, January 1544, February 1324
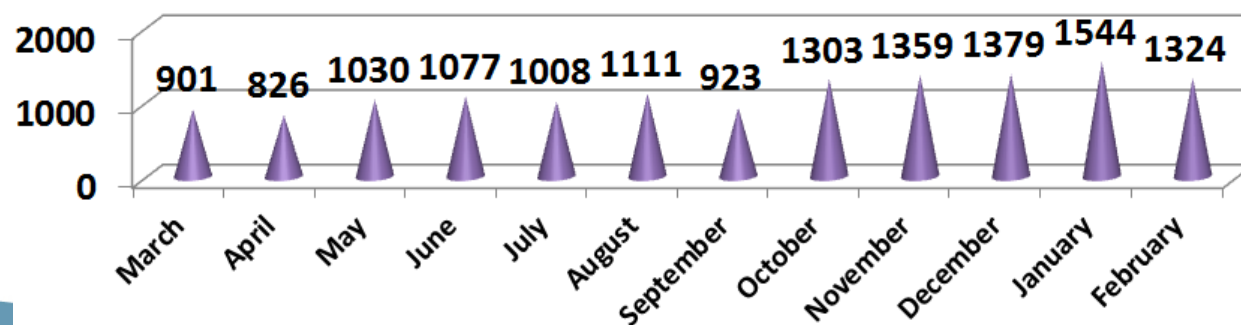
Referral Totals

2012 Total Referrals: 31,192
2013 Total Referrals to Date: 8,801

Referral totals by month:
- March: 1563
- April: 1690
- May: 2640
- June: 2662
- July: 2857
- August: 4002
- September: 3482
- October: 4042
- November: 4075
- December: 3585
- January: 4520
- February: 4289

Referral Average Per Day

Referral average per day by month:
- March: 71
- April: 80
- May: 115
- June: 127
- July: 130
- August: 174
- September: 174
- October: 176
- November: 132
- December: 189
- January: 215
- February: 214
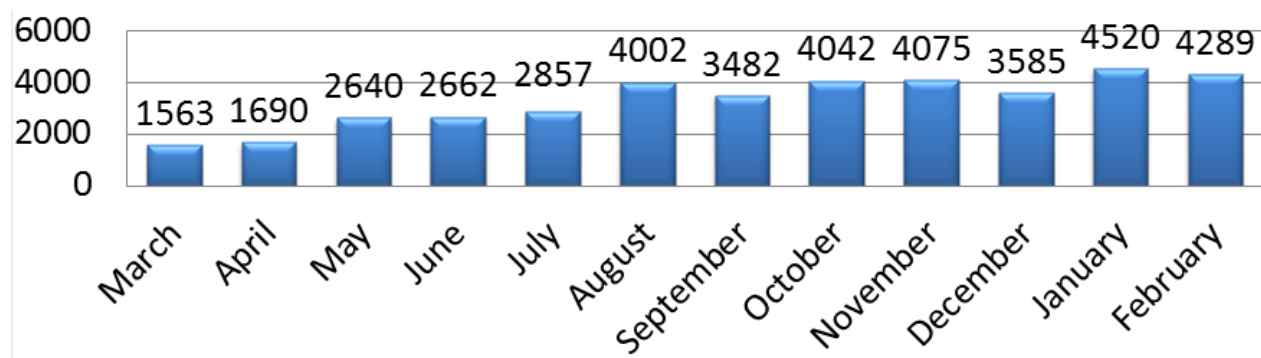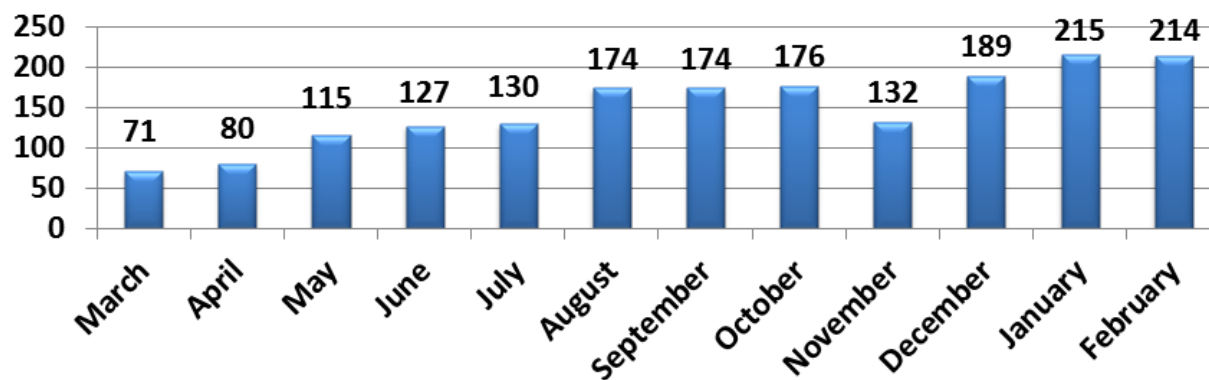
Immunization Totals (to State via MIHIN)

2012 Total Immunizations: 508,791

2013 Total Immunizations to Date: 157,124

Messages Sent

Month	Messages Sent
May	19389
June	22627
July	23198
August	57987
September	72138
October	101590
November	106487
December	105375
January	96885
February	60239
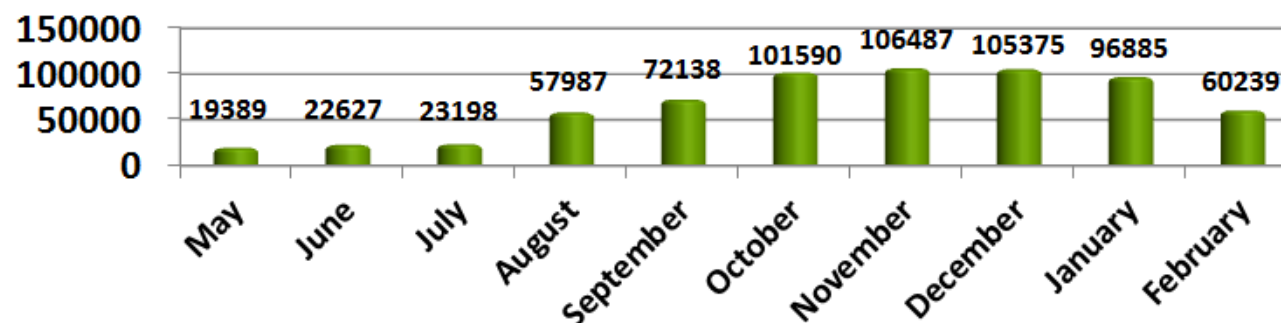
Immunization Sites

Live Offices

Month	Live Offices
May	100
June	114
July	149
August	149
September	200
October	211
November	248
December	257
January	259
February	262

MICHIGAN **HEALTH** CONNECT
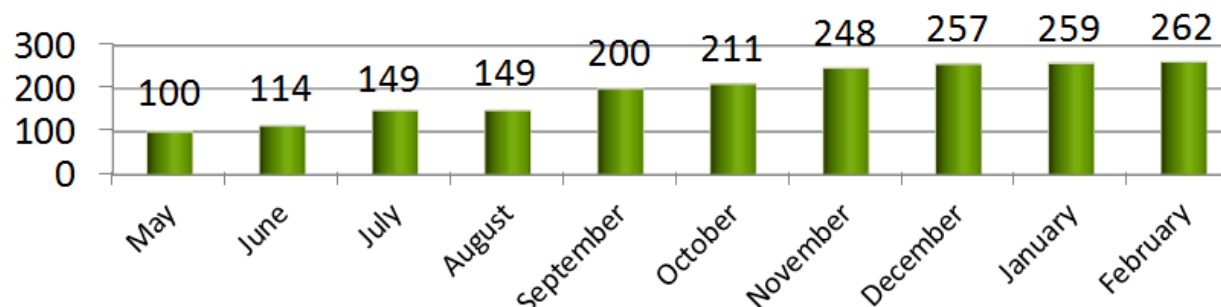
ADT Messages Delivered

2012 Total ADT Messages: 13,319

2013 Total ADT Messages to Date: 16,271
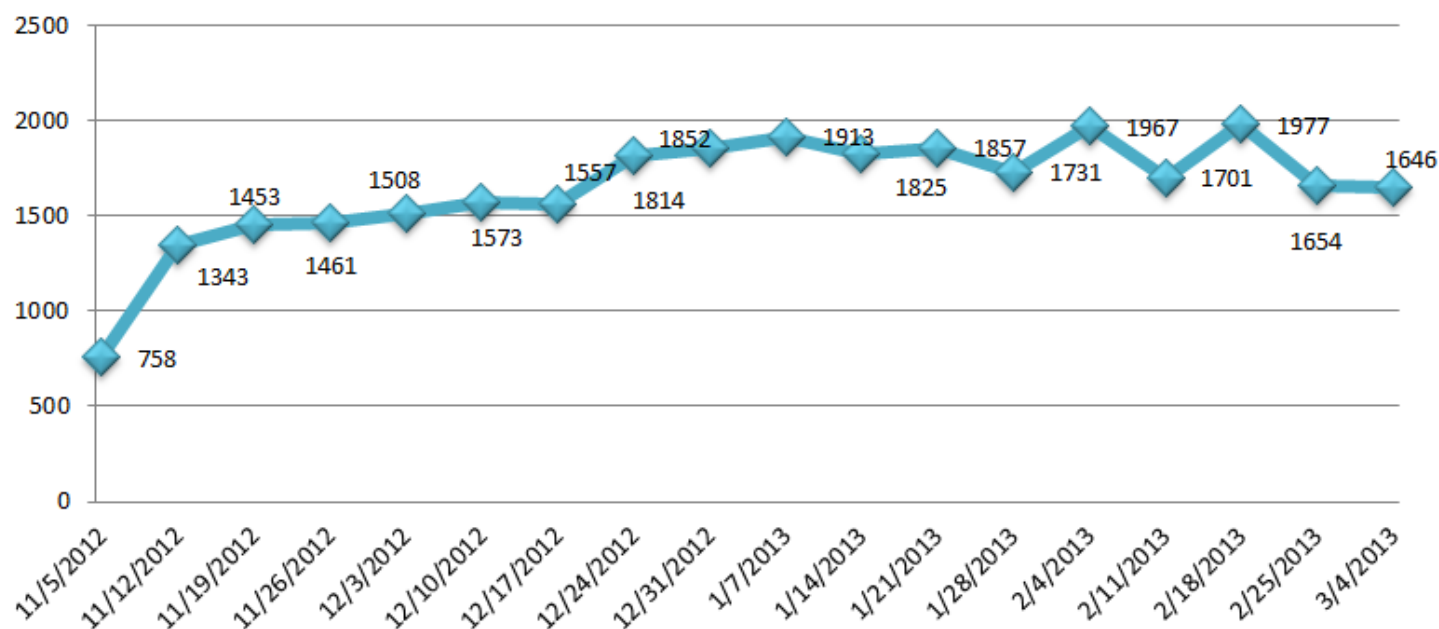
Where is MHC Going?

- Continue measured growth as it comes
  - New members
  - Depth of solutions implemented within current members

- Add new solutions as needed and members request them
  - MCIR Immunization Query & Syndromic Gateway (when state is ready)
  - Community PACS Imaging Solution
  - Medication History Solution
  - Care Transitions Solution (community care management)
  - Emergency Medical Services Network
  - Advanced Care Planning Document Solution

- Collaborate with other HIEs inside and outside of Michigan

- Help define "the cars" to place on the HIE tracks in order to change the way care is delivered for Michigan residents

QUESTIONS

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Ingenium
John Vismara
Executive Director

HIT COMMISSION STATUS REPORT

MARCH 21, 2013

INGENIUM BACKGROUND

- FOCUS ON NETWORKS OF PHYSICIANS
  - PHYSICIAN BASED AND GOVERNED
  - ENABLE NETWORKS OF PHYSICIANS TO MANAGE POPULATIONS OF PATIENTS
  - SHARED IT INFRASTRUCTURE
  - BUILD UPON PREVIOUS WORK

INGENIUM GOALS

- LEVERAGING SHARED INFRASTRUCTURE AND DATA
  - WITH LARGE AMOUNTS OF AMBULATORY DATA
- PROVIDING A PATH TO READILY ACCESSIBLE AND ACTIONABLE INFORMATION
  - FOCUS ON PHYSICIAN ACCESS AT POINT OF CARE
- ENABLING CHANGE BY EMPOWERING PHYSICIANS
- ENABLING POPULATION MANAGEMENT AND CARE COORDINATION PROGRAMS
- PHYSICIAN OVERSIGHT / REPRESENTATION

INGENIUM

Technology Foundation

- MPI
- CDR
- Connectivity Hub
  - Hospitals
  - Health Plans
  - Clinics / EMRs / PMS
- Point of Care access points
  - Portal with Patient Community Dashboard
  - Wellcentive Registry
  - DocSite Registry
  - Dr First ePrescribe

INGENIUM

TECHNOLOGY FOUNDATION

- MiHIN SERVICES
  - MCIR/LAB SURVEILLANCE REPORTING (LIVE BY MARCH 31)
  - ADT PILOT VIA MiHIN GRANT
  - DEVELOPS OTHER SERVICES AND CONNECTIVITY TO STATE AND SUB-STATE HIE'S AS AVAILABLE

INGENIUM
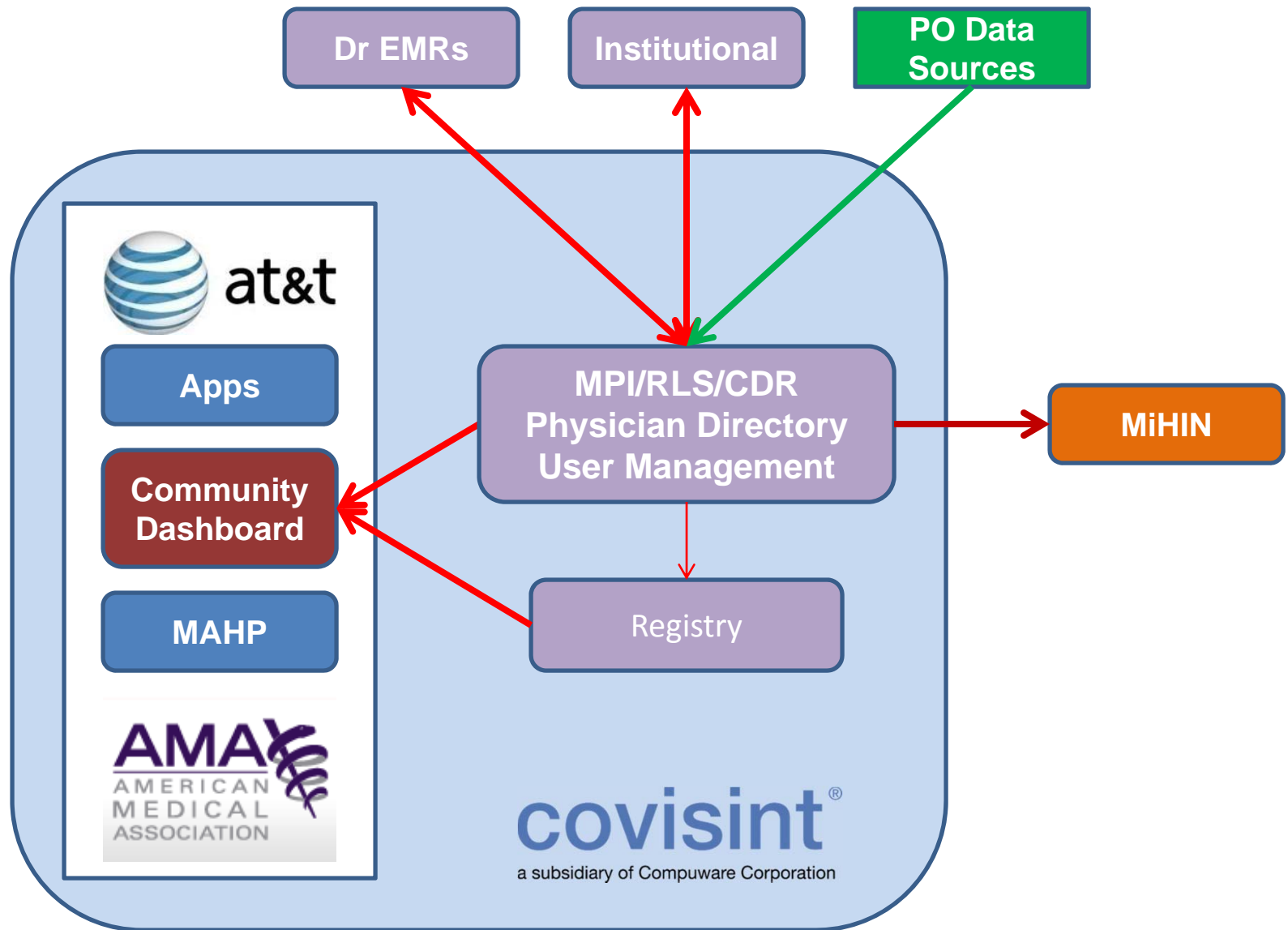
CONNECTED ENTITIES

▸ PO – UNITED PHYSICIANS, OMS, LPO

▸ PHYSICIAN EMR– ATHENA, EPIC

▸ HOSPITALS – BEAUMONT, CRITTENTON, ST. JOSEPH OAKLAND, BOTSFORD, GARDEN CITY

▸ LABS – BRL, BOTSFORD, GARDEN CITY, DMC, JVHL, QUEST, BIO-TECH, LABCORP (IN PROCESS)

▸ HEALTH PLANS – BCBSM, BCN, HAP, PRIORITY, HEALTHPLUS, MAHP

▸ MiHIN (MCIR)

▸ APPLICATIONS – DOCSITE, WELLCENTIVE, DRFIRST, OTHERS

▸ 1,000,000 PATIENTS, 900 PHYSICIANS…

INGENIUM

UNITED PHYSICIANS USE CASE

- USING PLATFORM TO ENABLE
  - POINT-OF-CARE ACCESS TO INFORMATION
  - CARE COORDINATION
  - NETWORK-BASED QUALITY IMPROVEMENT PROGRAMS
  - APPLICATION ACCESS

INGENIUM

FOR EXAMPLE… DATA SHARING

- PHYSICIANS CAPTURING DATA IN EMR, WELLCENTIVE, DOCSITE AND AGGREGATING IN CDR

- THIS SAME DATA IS MADE AVAILABLE TO THE EMR, THE PORTAL AND OTHER APPLICATIONS

- PHYSICIANS ABLE TO MAKE WELL-INFORMED DECISIONS AT POINT OF CARE WITHOUT ALTERING THEIR WORKFLOW

INGENIUM

FOR EXAMPLE… FACILITY CENSUS

▶ ADTs are fed from Beaumont, Crittenton, St Joseph

▶ ADTs are fed from Clinics system (PMS or EMR)

= Physician / Patient attribution is enabled

▶ Physicians receive alerts when their patient is admitted or discharged

▶ Physicians able to provide timely follow-up care and reduce likelihood of readmission

INGENIUM

FOR EXAMPLE… COMMUNICATIONS

- SPECIALTY REFERRALS
  - PCP BRINGS UP COMMUNITY PATIENT RECORD IN THE PORTAL
  - PCP SENDS SECURE COMMUNICATION WITH PATIENT RECORD TO THE SPECIALIST
  - SPECIALIST HAS ALL RELEVANT PATIENT INFORMATION BEFORE THE FIRST VISIT

- NOTIFICATIONS
  - BULLETINS
  - SECURE EMAIL (DIRECT ENABLED)

INGENIUM

GO-TO-MARKET STRATEGY

- UNITED PHYSICIANS AS PILOT
  - GROWING COVERAGE AREA TO MINIMIZE LEAKAGE – CURRENTLY 20-30%
  - GROWING TO ACCOMMODATE THE REACH OF SPECIALISTS

- GROW BY ADDING NEW NETWORKS OF PHYSICIANS
  - FACILITY CENSUS / COMMUNITY RECORD
  - CMS INNOVATION GRANT

INGENIUM

ROADMAP / FUTURE GOALS

- DEVELOPMENT
  - MEDICAL RECONCILIATION
  - EXPAND CCD SHARING
  - OTHER PARTICIPATION (E.G., ANCILLARY PROVIDERS, PLANS)
  - PATIENT PORTAL

- EXPAND PARTICIPATION
  - COMMUNITY RECORD
  - FACILITY CENSUS
  - PHYSICIAN OFFICE INTERFACING
  - CMMI RADIOLOGY PROGRAMS / CMS INNOVATION GRANT

INGENIUM

QUESTIONS.....

Great Lakes Health Information Exchange
Carol Parker
Executive Director

HIT Commission Update

Carol Parker
Executive Director

Great Lakes
Health Information Exchange

- Non-profit, 501(c)3
- Community Collaborative
- Priorities
  - Patient health and safety
  - Quality improvement
  - Administrative efficiency
  - Cost Reduction
- Pilot 2/15/11-5/14/11
- Fully operational 5/15/11

GLHIE by the Numbers

Annual Numbers - 2012

Clinical Results

ADT 31.1M

Lab 7.3M

Radiology 1.2M

Transcripts 2.3M

Master Patient Index 2.6 M

VHR Queries 133,000/month

Connection to GLHIE

- Interface with EMR
- Virtual Health Record
  - Community-wide longitudinal patient health record
- Subscribe to a patient
  - All information routed through GLHIE
  - Information can be sent through interface or routed to a clinical inbox

Current GLHIE Use Cases

- Connect physicians and other health care providers electronically to facilitate clinical messaging and sharing encounter reports
- Results Delivery (Lab as discrete data, Radiology, Clinical Documentation such as discharge summaries and consultations, Cardiology Reports)
- ADT notifications
- Query patient's community-wide longitudinal health record
  - Print or forward (with an interface) pertinent clinical docs to EMR

Current GLHIE Use Cases (cont'd)

- Subscribe to a patient (push all available clinical data to practice EMR)
- Push practice EMR data to patient's longitudinal health record and distribute to patient's identified care team
- Clinical Messaging
  - Referral routing
  - Consultative Report routing

Referrals

Type of Practice	HL7 Interface	Kryptiq Secure Messaging	Elysium Clinical Inbox
Practices with EMRs capable of generating and transmitting electronic referrals and interfaced with GLHIE	Preferred	Optional	Optional
Practices with EMRs not capable of generating and transmitting electronic referrals and/or not interfaced with GLHIE	N/A	Preferred	Optional
Practices without an EMR	N/A	Optional	Preferred

Use Cases in Progress

- Care Transitions (CMS 3026 grant) – being implemented now
- Public Health Reporting – reportable labs and MCIR – 1Q2013
- DIRECT – 1Q2013
- Lab Order Gateway – in progress and go live 2Q2013
- Radiology Images – 2Q2013
- Partnerships to support participants' business analytics efforts for MU, PCMH and ACOs – 2Q2013
- IHE Standards – 2Q2013
- Facilitated communication between EMS providers and hospitals – 2Q2013

Sharing Data

- First use case – electronic referrals using DIRECT

- Future – query-based exchange using IHE protocols
  - GLHIE's informatics structure includes federated clinical data repositories for each participating provider, an enterprise Master Patient Index, Record Locator Service, and Provider Directory
  - Implementing IHE standards within 2 months.

Public Comment

Adjourn